

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
(61675477)

APPLICANT(S)

FILING DATE
9/29/00

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2d AMENDMENT | |
|--------------|----------|------|------------------------|------|-----------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
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| 10 | 1 | | | | | |
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| 15 | | | | | | |
| 16 | 1 | | | | | |
| 17 | | 1 | | | | |
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| 20 | 1 | | | | | |
| 21 | | 1 | | | | |
| 22 | | 1 | | | | |
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| 24 | | 1 | | | | |
| 25 | | 1 | | | | |
| 26 | | 1 | | | | |
| 27 | 1 | | | | | |
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| 31 | | 1 | | | | |
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| 36 | | 1 | | | | |
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| 42 | 1 | | | | | |
| 43 | | 1 | | | | |
| 44 | | 1 | | | | |
| 45 | | 1 | | | | |
| 46 | | 1 | | | | |
| 47 | | 1 | | | | |
| 48 | | 1 | | | | |
| 49 | | 1 | | | | |
| 50 | | 1 | | | | |
| TOTAL IND. | 7 | | | | | |
| TOTAL DEP. | 38 | | | | | |
| TOTAL CLAIMS | 45 | | | | | |

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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

Best Available Copy